

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/582423

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

**OTHER THAN
SMALL ENTITY**

U.S. NATIONAL STAGE FEES	(Column 1)	(Column 2)
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 60 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 60 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than the difference in column 2, the difference in column 2 is the correct amount.

* If the difference in column 1 is less than zero, enter "0" in column 2

RATE	FEE
BASIC FEE	150
EXAM FEE	100
SEARCH FEE	200
X \$ 125 =	0
X \$ 25 =	6
X \$ 100 =	0
+ \$ 180 =	180
TOTAL	630

OR

OR

OR

OR

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 250 =	
X \$ 50 =	
X \$ 200 =	
+ \$ 380 =	
TOTAL	

TOTAL

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2).

-(Column 3)

-SMALL ENTITY

Q.R.

OTHER THAN
SMALL ENTITY

AMENDMENT A			(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 19	Minus	** 20	= 6
Independent	* 2	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

TOTAL ADDIT.
FEE

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

TOTAL ADDIT.
FEE

AMENDMENT #	(Column 1)		(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	"
Independent	*	Minus	***	"
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

**TOTAL ADDIT.
FEE**

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

**TOTAL ADDIT.
FEE**

- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.